## AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: [X] IXC [ ] CLEC [ ] ILEC [ ] Wireless

	23541				
CERTIFICATED COMPANY INFO	DRMATION				
Telecarentra					
Company Name	FEIN/SSN				
	317.76.7654				
Dho/five	Telephone #				
Dba/fka	releptione #				
494 Caryelle Rei					
Mailing Address	26)				
Doblemile in the					
City, State, Zip Code					
Mailing Address  With Laryette Rd  Mailing Address  With Laryette Rd  City, State, Zip Code  Sume	,				
Business Location					
330,11000 200,1101.	Humelton				
City, State, Zip Code	County				
Oily, State, Zip Gode	County				
REGISTERED AGENT INFORMATION					
Registered Agent: CT Corporate	m0				
•					
Mailing Address: 1703 Laurel St C	Som by a				
•	▼				
City, State, Zip Code: Columbia 50 2920/					
Oily, State, Zip Godc.					
Pursuant to the Commission's rules and regulations, print or type	e company contact for the following areas:				
_					
A. Michelle Barnett  General Manager (Include address if different than above.)					
					Telephone Number Facsimile Number E
Telephone Number Facsimile Number E	-mail Address				
Customer Relations /Complaints Representative (Include address if different than above.)					
/ / / / / / / / / / / / / / / / / / /					
Telephone Number Facsimile Number E	-mail Address				
- Coophone realised					
C1					
Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)					
Telephone Number Facsimile Number E	-mail Address				
C2. Sumi	<b>~</b>				
Customer Contact (Toll Free Number)	~~ <b>~</b>				
D. Barnett	Mrs. Vis				
Engineering Operations (Include address if different than above.)					
Sume 1 Sumet					
Telephone Number Facsimile Number E	-mail Address				
·					
E.  Test and Repair (Include address if different than above.)					
1					
Telephone Number Facsimile Number E	-mail Address				

F.	Michaele B	arnett		
	Emergencies (During non-of	fice hours)		
	317-311-7979		/ Frankl Address	
	Telephone Number	Facsimile Number	E-mail Address	
n add	ition, please provide the follow	ing company contact informat	ion to assist in proper routing of correspond	dence and invoices:
G.	Michelle Bo	rpett		
	Regulatory Officer (Include	de address if different than above	2.)	
	317-776-7654	· /	/ E-mail Address	
	Telephone Number	Facsimile Number	E-Mail Address	
H.	Dual Party Mailings (Name	\		
	Dual Party Mailings (Name	)		
	Mailing Address			
	T. J. ala and Marshau	// Facsimile Number	E-mail Address	
	Telephone Number	racsimile Number	E mail Address	
1.	Interim LEC Fund Mailings	(Name)		
	interim 220 rand mannigo	(rtaine)		
	Mailing Address			
	T. Jankana Niverban	/ Facsimile Number	E-mail Address	
	Telephone Number	racsimile Number	E maii Addi 000	
J.	Universal Service Fund Mai	lings (Name)	11	
	444 Lafau	ette 120 No	blosville to 46060	
	Mailing Address	<u>U 10 10 11 10 10 10 10 10 10 10 10 10 10 </u>		
	317-116-1654	/ Facsimile Number	E-mail Address	
	Telephòne Number	Damest	E mai / daroso	
K.	Gross Receipts Mailings (			
		10. 2		
	Mailing Address			
		Facsimile Number	/ E-mail Address	
	Telephone Number	Parnett	E-mail Address	
L.	Lifeline Mailings (Name)	Darrion		
	Mailing Address	$\bigwedge$	,	
	Telephone Number	/ Facsimile Number	E-mail Address	
	relephone Humber	T document to the second		
	Markelly Bo	imett	Mulielek Darnet	
	This form was completed by	(print name)	Signature	
	Arctor of C	perations	3/2/12	
	Title	, (Crocker)	Date	
	DETUDAL COMPLETED FOR	DM TO:		
	RETURN COMPLETED FOR		Office of Descriptions Staff	
	Public Service ( Clerk's Office	Commission of SC	Office of Regulatory Staff  Attn: Jeanne Gordon	
	Post Office Drav	wer 11649	1401 Main Street, Suite 900	= 4
		h Carolina 29211	Columbia, South Carolina 29201	(Rev. PSC 11/2010